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32641 7590 06/12/2006

DIGEO, INC C/O STOEL RIVES LLP
 201 SOUTH MAIN STREET, SUITE 1100
 ONE UTAH CENTER
 SALT LAKE CITY, UT 84111

09/08/2006 RNEBRAH1 00000008 09955558

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mary Louise Miner (Depositor's name)
 Mary Louise Miner (Signature)
 September 7, 2006 (Date)

PUBLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/955,558	09/17/2001	Mark Greenberg	50588/345	9815

TITLE OF INVENTION: APPARATUS AND METHOD FOR EFFICIENT DECODER NORMALIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAKER, STEPHEN M	2133	714-795000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kory D. Christensen
 2 Stoel Rives, LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Digeo, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kirkland, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

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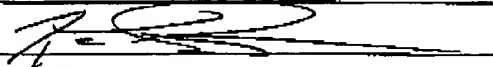
5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature



Date

September 7, 2006

Typed or printed name

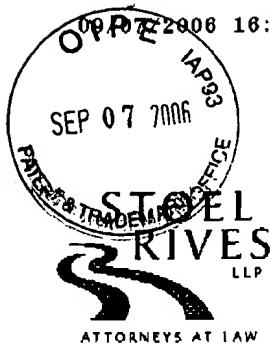
Kory D. Christensen

Registration No.

43,548

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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STOEL RIVES

001

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Name:	Fax No.	Company/Firm	Phone No.
TO: Examiner Stephen M. Baker	1-571- 273-2885	USPTO	

Name:	Sender's Direct Dial:	Sender's Direct Email:
FROM: Kory D. Christensen	(801) 328-3131	kdchristensen@stoel.com

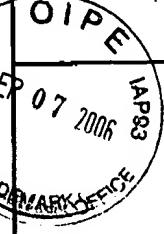

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Date: Sept 7, 2006No. of Pages (including this cover): 5Originals Not Forwarded Unless Checked: ☐ First Class Mail ☐ Overnight Delivery ☐ Hand Delivery**In case of error, call Louise Miner at (801) 715-6650.**

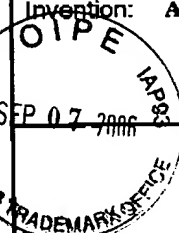
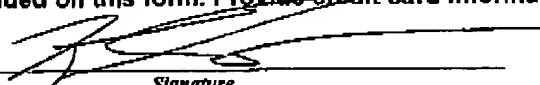
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COMMENTS:

Salt_lake-278203.1 0050588-00001

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 50588/345
Applicant(s): Mark Greenberg et al.			
Application No. 09/955,558	Filing Date 09/17/2001	Examiner Stephen M. Baker	Group Art Unit 2133
Invention: APPARATUS AND METHOD FOR EFFICIENT DECODER NORMALIZATION			
			
I hereby certify that this _____ <i>*(See documents listed below)</i> <i>(Identify type of correspondence)</i> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-2885</u>) on <u>9-7-06</u> <i>(Date)</i> <div style="text-align: right;">Mary Louise Miner _____ <i>(Typed or Printed Name of Person Signing Certificate)</i>  <i>(Signature)</i></div>			
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P18/REV02

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 50588/345	
Applicant(s): Mark Greenberg, et al.					
Application No. 09/955,558	Filing Date 09/17/2001	Examiner Baker, Stephen M.	Customer No. 32641	Group Art Unit 2133	Confirmation No. 9815
Invention: APPARATUS AND METHOD FOR EFFICIENT DECODER NORMALIZATION					
<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;"></div><div style="text-align: center;">Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450</div></div>					
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<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: \$ 1400.00 <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input checked="" type="checkbox"/> Publication Fee: \$ 300.00					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 502375 as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature				Dated: September 7, 2006	
Kory D. Christensen Attorney Registration No. 43,548 STOEL RIVES, LLP 201 S. Main Street Suite 1100 Salt Lake City, Utah 84111 Telephone: (801) 328-3131 Facsimile: (801) 578-6999					
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